

# Memorandum

osbpd

State of California

"Equitable Healthcare Accessibility for California"

To: David M. Carlisle, M.D., Ph.D.  
Director

Date: January 9, 2007

Via: Robert P. David  
Chief Deputy Director

*RPD*

Angela L. Minniefield, M.P.A.  
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*AM*

From: Gloria J. Robertson  
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Health Manpower Pilot Projects Program  
Healthcare Workforce & Community Development Division

*GJR*

Subject: Recommendation On The Proposal  
HMPP #171: Access Through Primary Care (APC) Project  
Demonstrating the Role of Advanced Practice Clinicians  
In Expanding Early Pregnancy Care

The HMPP program has completed the public review process for application HMPP #171 as required by the:

- California Health and Safety Code, Division 107, Part 3, Chapter 3, Article 1, Section 128175 of the Health Manpower Pilot Projects Program, and
- California Code of Regulations: Title 22, Division 7, Chapter 6. Article 5. Application Review Process, Section 92401.

HMPP recommends approval of the application as a pilot project. The recommendation is based upon the review of the application by the HMPP program for public consideration, and recommendations from the public meeting and public hearing. Attachment A summarizes the outcome from the public meeting and public hearing process. Attachment B is a listing of individuals who testified at the public hearing on November 15, 2006. The attachment indicates the testifier's position regarding the proposal, and a summary of supporting statements.

HMPP recognizes the concerns raised in the public hearing process and will monitor the approved project via applicant reporting and site visits evaluations. Further, HMPP would ask the Applicant's oversight advisory committee to assist the Office with the monitoring and development of guidelines to tighten, if possible, protocols pursuant to their findings. HMPP would receive this information as part of the required reporting.

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Any findings related to an endangerment to participating patients (and considering the degree of endangerment) during the employment-utilization phase of the project would be addressed as follows:

- HMPP would consider the delay of pilot project activities, at the specified health facility setting and the trainee involved, to investigate the concerns and any proposed solution brought by the Applicant, its oversight committee, the HMPP monitoring committee and the OSHPD Director.
- HMPP would consider the termination of that portion of the pilot project if there was no resolution.
- HMPP would consider the termination of the pilot project if there were systemwide concerns relating to any endangerment activity without resolution.

Of the ten persons providing testimony in the public hearing process, eight recommended support for the project, one remained neutral, and one opposed.

- With respect to the neutral position: The California Medical Board in its review, raised issues/concerns during Phase 1 of the review process. The Applicant detailed the manner in which concerns would be addressed. That information was placed in the application addendum. Interested parties were able to review the Applicant's response prior to the public hearing process.

During the public hearing, the California Medical Board (CMB) indicated that they have a legal mandate for consumer protection, but their goal is to improve access to care. Thus, their position is neutral. The CMB areas of concern are after hours safety net, informed consent, and follow-up.

- With respect to the oppose position: Dr. Jeanne Conry –Vice Chairperson of the American College of Obstetrics and Gynecology (ACOG) Region IX registered a position of opposition to the project. HMPP received an e-mail on December 1, 2006 from Margaret Merritt, the Executive Director of ACOG, stating that the ACOG-District IX position on the application was miscommunicated. The ACOG position is neutral. She states that ACOG's national policy encourages the type of study proposed by HMPP #171 and that they are not allowed to participate in studies or take a formal position. If approved, ACOG would be interested in the final report on HMPP #171 and will then review and take a position at that time.

### **Review Process for HMPP #171**

The following is a summary of the two-phase public review process for application HMPP #171.

*Phase I: California Health and Safety Code, Section 128175.*

*The office shall seek the advice of appropriate professional societies and appropriate healing arts licensing boards prior to designating approved projects.*

HMPP Program received the application on August 22, 2005 and determined that the application could be considered for public review on November 8, 2006.

The forty-five day requirement for the review and comment period by appropriate professional societies and healing arts boards was met (11/10/05 – 12/26/05). In summary, the HMPP Program Manager mailed copies of the application and addendum to twenty-one persons representing healing arts boards, professional/health related organizations, and technical consultants. HMPP received eleven comments during the 45-day review period. The recommendations were as follows: seven-recommendations for approval, one-recommendation for approval with amendments, and three-no recommendation, pending further approval (zero-recommendations for do not approve).

The required public meeting was held on January 19, 2006 in the Bateson Building, Room 470. There were twenty-one attendees. The sponsor responded to prevailing concerns and issues discussed in the meeting (by attendees of the public meeting and by OSHPD) through several addendums. A copy of these addendums was placed in the application such that the public/interested parties would be able to see the responses to those concerns raised during the public meeting phase.

*Phase II: California Health and Safety Code, Section 128175. ....In the case of projects sponsored by a state agency, the following additional procedures shall apply:*

- (a) A hearing shall be conducted by a disinterested state government official selected by the director of the office from a state agency other than the office or the proponent of the project. The cost of the services of the disinterested state governmental official shall be paid by the office pursuant to an interagency agreement with the state agency represented by the state governmental official.*

Daniel Louis, Chief Legal Counsel, California Department of Child Support Services, conducted the public hearing. The hearing was held on November 15, 2006.

- (b) A notice of hearing shall be sent by the office to interested parties, as designated by the director of the office, by registered mail no less than 30 days preceding the date of the hearing. The notice shall include, but not be limited to, the date, time, location, and subject matter of the hearing, and shall include a copy of the application for a pilot project that is the subject of the hearing.*



The public hearing notice was sent to thirty-five interested parties by registered mail on October 13, 2006.

- (c) *A verbatim transcript of the hearing shall be prepared and distributed to interested parties upon request.*

The HMPP program contracted with Peters Shorthand Corporation for transcription services. HMPP received three requests for the transcript. They were mailed to the requestors on December 20, 2006.

- (d) *Within 60 days of the release of the transcript, the office shall submit a recommendation on the proposal to the director of the office and shall send copies to the interested parties.*

Regarding the public hearing: Ten persons provided testimony regarding the pilot project proposal. This does not include the overview provided by HMPP and the Applicant. A summary of their position regarding the proposal and supporting statements is attached.

- (e) *The director of the office shall accept comments on the recommendations, and, on or after 30 days after transmittal of the recommendations, the director of the office shall approve or disapprove the proposed project.*

By way of this memo, the HMPP is submitting the required recommendation.

Acronyms:  
 NP – Nurse Practitioner  
 PA – Physician Assistant  
 CNM – Certified Nurse Midwife  
 PP – Planned Parenthood

HMPP #171 Public Hearing  
 November 15, 2006  
 Source: Transcript from Peters Shorthand Reporting Corporation

Agency	Name of Testifier	Position Regarding the Proposal	Summary of Supporting Statement(s)	Page
Board of Registered Nursing	Susanne Phillips --- A member of the Board, An Advanced Practice Registered Nurse and Board Certified Family Practitioner	Support	-Primary concern is consumer safety. -Board has sole authority to define scope of practice for Advanced Practice Providers, E.g. Registered Nurse-Nurse Practitioners, Certified Nurse Midwives. ...With proper training and experience both medical and surgical pregnancy termination is within the scope of practice of an NP or CNM.	27
California Association of Nurse Practitioners	Tracey Fremd --- An NP (A past President of the Association) Specialty Endocrinology, Employed by PP Mar Monte. Ms. Fremd read Association letter written by Peggy Rowberg, M. D. sent to GJR ON 12/3/05.	Support	The California Association of Nurse Practitioners supports legislative and regulatory action that develops the role of the nurse practitioner (NP), and permits NPs to practice to the fullest extent under the law in the State of California.	28
California Association of Nurse Midwives	Cynthia Belew --- A CNM and an Assistant Clinical Professor at UCSF Nurse Midwifery Education Program Clinician, Women's Option Center-UCSF	Approval	She sees women who travel long distances who come into their 2 <sup>nd</sup> trimester of pregnancy because of difficulty accessing abortion services in their own communities. There are CNM who provide primary care to the under-served women and they could be providing abortion services as well.  The American College of Nurse Midwives has delineated specific process that CNMs can use to expand their scope of practice...They have issued a statement saying that CNMs may use this process to expand their practice to include abortion services. Thus, the California Assoc. of Nurse Midwives recommends approval.	32

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California Medical Board	Laurie Gregg, M.D. -Representing the California Medical Board	Neutral	California Medical Board has a legal mandate for Consumer Protection, but also their goal is to improve access to care. We remain neutral on this project.  They have three main concerns: After Hours Safety Net, Informed Consent and Follow-up.	33
California Academy of Physician Assistants	Bryce Docherty --- Ms. Docherty read the letter from Assoc President, Jennifer Poggetto Dated 11/13	Support	She indicated that she is pleased to be here to support this initiative effort on behalf of their APC colleagues in nursing. The letter read into record indicates that the California Academy of Physicians support the HMPP pilot project application for such approval and waivers, as may be necessary for OSHPD to assure appropriate legal authority for the APC initiative and urges OSHPD to grant approval and waivers.	34
ACCESS Women's Health Rights Coalition	Jennifer Parker --- Executive Director Dockray	Support	They are present here to support the project from the perspective that it could address access issues for women seeking abortions, and prevent some of the later abortions that they see happening right now.  ACCESS believes that allowing APCs to provide aspiration abortions would enable women to obtain early abortion services in their own communities and reduce the number of women who are caught in the cycle of delay. They see this project as trying to address some of the barriers and allowing low income and uninsured women to have equal access to quality services.	36-38

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Kaiser Permanente Women's Health Research Institute	Debbie Postlewaite --- A Nurse Practitioner, Principle Investigator with Women's Research Institute. Read the Institute's position from letter signed by Dr. Ruth Schaber	Support	<p>Letter indicated support for the Access through Primary Care Initiative Demonstration Project. California is experiencing a crisis in access to abortion services. Many physicians are retiring or approaching retirement. OB/GYN training programs no longer provide opportunities for young physicians to learn abortion techniques.</p> <p>The project is a great step forward. She is confident that the very strict quality oversight and extensive training ... will allow for the development of a larger pool of providers to offer this important service to our population.</p>	41
Kaiser Permanente Director of Research	Dr. Kathy Hone --- Speaking on behalf of herself	Support	<p>Kaiser is a major employer of APNs and will be a participant in phase two of the project, if approved. They are committed to evidence based practice. They feel that the project will provide the evidence in terms of kinds of training that AP Nurses need to be able to extend practice and provide the kinds of services to their patient population.</p>	
American College of Obstetrics/ Gynecology	Dr. Jeanne Conry --- Vice Chair American College of OB/GYN	Oppose	<p>Concerns: They require several years of training, four years of training for surgical abortions (for physicians). Their members have experienced problems with post-operative complications; appropriate follow-up and have to rely on care in the community without formalized arrangements; the Academy prefer to have the care within the medical community and provided by OB/GYN physicians.</p>	

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National Federation of Abortions	Beth Kruse --- Certified Nurse Midwife Ms. Kruse read the letter from Executive Director, Vicki Saporata	Support	<p>The National Abortion Federation (NAF) strongly supports this important initiative to demonstrate and evaluate the role of advanced practice clinicians in providing early aspiration abortion care. NAF is a professional association of abortion providers, which include members nationally and internationally recognized researchers, clinicians, and educators at major universities and teaching hospitals. NAF has developed evidence-based guidelines, which set the standard for quality abortion care in North America, in their clinical policy guidelines.</p> <p>Take home message ...post-graduate specialty training in anesthesia, surgical assisting, and other advanced procedures including uterine aspiration has been an option for members of all three disciplines, depending upon state regulations for many years. Their skills complement rather than compete with physicians because of the collaborative relationship between CNMs, NPs and PAs.</p> <p>State examples given where APCs provide care: Northern New England (Burlington); Vermont- University of Vermont has relied on PAs to provide training for their physician residents in outpatient GYN services, including abortion.</p>	46-47